

JAN 25 1941

Registration District No. **712**

Primary Registration District No. **5941**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Richland Beach**
(c) Name of hospital or institution: **Liberty Tp. -**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution **2**
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **JOHN HENRY BAKER**

8. (b) If veteran, name war **L** 8. (c) Social Security No. **L**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **none** years

7. Birth date of deceased **Sept 30 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **0** If less than one day hr. min.

9. Birthplace **Louisville KY**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Riley Baker**
13. Birthplace **Kentucky**
14. Maiden name **Melanie**
15. Birthplace **Kentucky**

16. (a) Informant **Walter Baker**

(b) Address **Richland Beach - Mo**

17. (a) **Burial** (b) Date thereof **10/14/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn**

18. (a) Signature of funeral director **R. B. Jones**

(b) Address **Richland Beach**

19. (a) **Dec 30/940** (b) **Orest A. Oliver**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Richland Beach**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Liberty Tp.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **30**
year **1940**, hour **4** minute **30 AM**

21. I hereby certify that I attended the deceased from **12-27-40 to 12-30-40**
that I last saw him alive on **12-29-40**
and that death occurred on the date and hour stated above.
Immediate cause of death **Pneumonia (Lobar)**
Duration **2 days**

Due to **108**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **640**
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature **R. B. Jones** (M. D. or other) **no**
Address **Richland Beach** Date signed **12-30-40**

RECEIVED
District Health Officer No. 5,
District File Number 14181
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3198

P. O. Address Richland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.